	140
ARIZONA STATE I	BOARD OF HEALTH State File No
BUREAU OF VI	TAL STATISTICS
LACE OF BIRTH STANDARD CERT	IFICATE OF BIRTH Registered No
	Con.
anty	State
District or Township	or Village
No. St., Ward (If birth occurred in a hospital or institution, give its NAME instead of street and number)	
William of the state of the sta	
2. Pull name of child August aupplemental report, as directed.	
3. Sex of Child To be answered ONLY Twin, triplet or other	
in event of plural	1 les 7. Date of birth Oct. 1/19-19
5. No., in order of birth.	Month Day Year
FATHER	14. MOTHER
Full name the Down tow Watker	Full maiden name (arrie Mas Flank
0.40	
). Residence	15. Residence (Usual place of abode)
(Usual place of abode)	ari
If non-resident, give place and state.	If non-resident, give place and state.
10. Color og race	10. Color or-race
1. 1. 0.	1116.1
11. Age at last birthday (Years)	17. Age at last birthday (Years)
00.	On. Cl.
12. Birthplace (city or place)	18. Birthplace (city or place) Curias Skrung
Nommer!	27.66
(State or country)	(State or country)
13. Occupation True & driver	19. Occupation
	The second
Nature of industry	Nature of industry
<u> </u>	
20. Number of children of this mother (a) Born alive as	nd now living 21. Were precautions taken against oph-
	ut now dead
ertified and including this child.) (c) Stillborn	
CERTIFICATE OF A TENDING PHYSICIAN OR MIDWIFE	
hereby certify that I attended the birth of this child, who was	m, on the date above stated.
,	Born alive or stillborn.)
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn	(Harper
etc., should make this return. A stillborn	Date 1
child is one that neither breathes nor shows other evidence of life after birth.	proportion (Blatter and Blatter
Siven name added from	(Physician or midwife).
	Leone myona
Month, day, year	
Filed St	ng 1929 30. Ellethone 1820
Registrar	Registrar
767-1	10/7 mm -2/2
Section & Management of the Contract of the Co	Will south